



**West Windsor Volunteer Fire Co., #1 Inc.**  
**153 South Mill Road**  
**Princeton Jct., New Jersey 08550**

Dear Applicant,

Thank you for your interest in the West Windsor Volunteer Fire Company. You have chosen to become a part of a truly great organization. I would like to take a moment to briefly explain our application and membership process.

Once you have completed the application, including your physician's statement of health, you may either mail it or return it to the firehouse. If you have previous firefighting experience, include copies of all certifications with your application. Please also complete the Hepatitis B Declination Form.

Your completed application will be submitted to the full membership at the next meeting, and an interview with the Membership Review Committee will be scheduled. Upon the approval of the Membership Review Committee, you will be sworn in at the next monthly meeting.

As a probationary member, your activities will be limited on the fireground until you complete Firefighter I (unless previously completed). This is a 120 hour program held at a local fire academy which will provide you the basics of firefighting. This must be completed within one year of membership.

The requirements during your first year are 5 mandatory drills, 7 regular drills and 7 monthly meetings. You will be considered a probationary member for 1 year.

Again, I would like to thank you for your interest in the West Windsor Volunteer Fire Company. I hope this letter has given you an idea of how the application process works and some of the requirements of membership. I look forward to meeting with you, as well as working with you in the future. If you have any questions regarding the application or the fire company in general, please do not hesitate to contact me at [phnsue@verizon.net](mailto:phnsue@verizon.net)

Sincerely,

A handwritten signature in cursive script that reads "Susan L. Malec".

Susan L. Malec  
Membership Review Chairman

West Windsor Volunteer Fire Co # 1  
153 South Mill Road  
West Windsor, NJ 08550

Application for Junior Membership

Date of Application: \_\_\_\_\_

**Personal Information:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street City State Zip

Resident of West Windsor for \_\_\_\_ Years S/S #: \_\_\_\_\_ Blood Type: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

School: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Last First M.I. Home Other

Address: \_\_\_\_\_  
Street City

**Driving Record:**

Do you hold a valid NJ Drivers License? \_\_\_\_\_ Type: Operators Chauffeurs CDL

License #: \_\_\_\_\_

Have you been ticketed in the last 3 years? Yes No Number of Tickets: \_\_\_\_\_

**Applicant's Agreement:**

Should my membership to the West Windsor Volunteer Fire Company be granted, I promise a faithful compliance with the By-Laws and Standard Operating Guidelines set forth by the Company.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

## Physicians Authorization

Applicant's Name: \_\_\_\_\_

To Be Granted By A Licensed Physician:

I have examined the above-named individual and find him/her in satisfactory physical condition to perform the duties of a junior firefighter in the West Windsor Volunteer Fire Company.

Date: \_\_\_\_\_ Physician's Signature: \_\_\_\_\_

Address of Office: \_\_\_\_\_

## Parent or Guardian Authorization

\_\_\_\_\_ has my permission to participate as a junior firefighter in the West Windsor Volunteer Fire Company.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

Relationship: \_\_\_\_\_

# WEST WINDSOR VOLUNTEER FIRE COMPANY NO.1, INC.

(Dutch Neck, N. J.)

153 SOUTH MILL RD. PRINCETON JCT., NEW JERSEY 08550

I give \_\_\_\_\_ my permission to respond to fire calls from 10 pm to 6 am when there is no regularly scheduled school session the following day.

I understand that this privilege can be revoked at any time upon notice of the fire chief or parent.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date



## **Guidelines and Expectations for Probationary Junior Members**

- Applicants of age 16-17 shall apply for Junior Membership.
- Once an applicant has been accepted into Junior Probationary Membership under the terms and conditions of the by-laws of the West Windsor Volunteer Fire Co., No. 1, the following Guidelines and expectations shall apply to all such members for a 90 day probationary period from the date such member has been sworn in:
  - 1 Junior Probationary Members are expected to attend all Company meetings during the Probationary Period. If a member can not attend a scheduled meeting, the member should notify the Chair of the Membership Review Committee, in writing, at least 48 hours before such meeting in order to apply for an excused absence.
  - 2 Junior Probationary Members are expected to attend at least three Company drills during the Probationary Period. Once a member satisfactorily completes the drill requirements, the member may be allowed to ride on the fire apparatus.
  - 3 Junior Probationary Members are expected to meet with Junior Advisors as may be required. Firehouse responsibilities will be discussed at these meetings.
  - 4 At the end of the 90-day Probationary Period, the Membership Review Committee shall determine whether the Junior Probationary Member shall be granted full Junior Member Status. The confirmation of such will be announced at the monthly meeting following the completion of the above stated.

The above Guidelines and Expectations should not be construed to be complete and final. They can be altered as needed to suit the needs of the company membership.

SIGNED: \_\_\_\_\_

WITNESSED: \_\_\_\_\_

DATE: \_\_\_\_\_



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## VACCINATION DECLINATION FORM

**EMPLOYEE NAME:** \_\_\_\_\_

**JOB TITLE:** \_\_\_\_\_

**I understand that due to my occupational exposure to blood or other potential infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If, in the future, I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.**

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**WITNESS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Reason for declining:** \_\_\_\_\_

**Dates of Previous Vaccination:** 1 \_\_\_\_\_ 2 \_\_\_\_\_